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PTO/SB/05 (3-01)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

01/17/02  
J1060 U.S. PTO

Please type a plus sign (+) inside this box → ☐

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	PC10963A
First Inventor	Stephen Jenkinson
Title	HISTAMINE RECEPTOR ANTAGONISTS
Express Mail Label No.	EL163958723US

(Only for new nonapplications under 37C.F.R. §1.53(b))

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input checked="" type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</li><li>ii. <input checked="" type="checkbox"/> Paper</li></ul> c. <input checked="" type="checkbox"/> Statement verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets ]	<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_/\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**18. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below

23913

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	RAYMOND M. SKEER	Registration No. (Attorney/Agent)	26,810
Signature		Date	JANUARY 17, 2002

## FEE TRANSMITTAL For FY 2001

*Patent Fees are subject to annual Revision*

Total Amount of Payment (\$)**740.00**

### METHOD OF PAYMENT

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

**16-1445**

Deposit Account Name

**Pfizer Inc**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	355	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	filing fee	
<b>SUBTOTAL (1) (\$)</b>					<b>740</b>

#### 2. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid
Total Claims	13	-20**=	0	X	=
Independent Claims	1	-3**=	0	X	=
Multiple Dependent					=
Large Entity		Small Entity			
Fee Code	Fee Code	Fee code	Fee code	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	80	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	

\*\* or number previously paid, if greater; For Reissues, see above

### Complete if Known

Application Number	<b>NOT YET ASSIGNED</b>
Filing Date	<b>HEREWITH</b>
First Named Inventor	<b>Stephen J. nkinson</b>
Examiner Name	<b>NOT YET ASSIGNED</b>
Group/Art Unit	<b>NOT YET ASSIGNED</b>
Attorney Docket No.	<b>PC10963A</b>

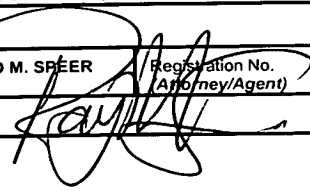
### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late fee or oath	
127	50	227	25	Surcharge-late filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination(RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other (specify)					
<b>*Reduced by Basic Filing Fee Paid</b>					<b>Subtotal (3)</b>

### SUBMITTED BY

### Complete (if applicable)

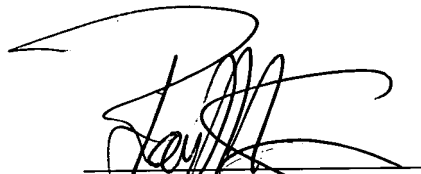
Type or Printed Name	<b>RAYMOND M. SPEER</b>	Registration No. (Attorney/Agent)	<b>26,810</b>	Telephone	<b>(212) 733-4606</b>
Signature		Date	<b>01/17/02</b>	Date	<b>JANUARY 17, 2002</b>

**PATENT APPLICATION**  
**ENTITLED: HISTAMINE RECEPTOR ANTAGONISTS**  
**APPLICANT: Pfizer Inc.**  
**OUR REF.: PC10963A**

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The above-identified application contains a Sequence Listing in both paper copy and on computer diskette. Attorney for Applicants has compared the contents of the paper copy of the Sequence Listing with the contents of the diskette, and confirms that they are identical to each other.

Dated: 01/17/02

  
Raymond M. Spær  
Reg. 26,810  
Attorney for Applicants